2009 NOV -3 AM 9: 27

| FEC FORM 1 | | STATEMENT OF ORGANIZATION | | | Office Use Only | |
|---|----------------------|-----------------------------|--|-------|---------------------------------|--|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4 | M.5 | |
| NI ETNAMESE AMERICAN POLITICAL ACTION COMMITTEE | | | | | | |
| | | | | | | |
| ADDRESS (number and | d street) 5 1 | 5353 WEST ALABAMA SUITE 304 | | | | |
| (Check if add is changed) | dress L | DUSTON | | KI | 77.056- | |
| | | | CITY | STATE | ZIP CODE | |
| COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) | | | | | | |
| (Check if is change | V. | NA PACTEXASE VALOR COM | | | | |
| | | | | | | |
| | | | | | | |
| COMMITTEE'S WEB PAGE ADDRESS (URL) | | | | | | |
| (Check if address is changed) | | | | | | |
| 2. DATE 10 28 2009 | | | | | | |
| 3. FEC IDENTIFICATION NUMBER | | | | | | |
| 4. IS THIS STATEMENT NEW (N). OR AMENDED (A) | | | | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | |
| Type or Print Name of Treasurer TRUNG NGOC PHAM Signature of Treasurer Date 10 78 7.009 | | | | | | |
| Signature of Treasurer Date 10 28 2009 | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | | | |
| Office Use Only | | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) | |

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